NORTH CAROLINA PASTORAL COUNSELING BOARD
-The North Carolina State Board of Examiners of Fee-Based Practicing Pastoral Counselors-
P.O. Box 447, Kernersville, NC 27285-0447
Executive Director: Carleton Irving
336.794.3470 ncbfbppc@aol.com
ncpastoralcounseling.org

Official Application
for Certification by
The North Carolina State Board of Examiners of Fee-Based Practicing Pastoral Counselors

Exam Process for successful Certification:

1. Application for certification is submitted by a candidate.
2. The Board reviews and approves the candidate to sit for examination if all requirements are met.
3. The Written Exam is completed and passed, usually in Kernersville, NC.
4. The Board reviews the Written Exam, and the Oral Exam is completed and passed at a regularly scheduled board meeting.
5. The candidate is certified to practice Pastoral Counseling in the state of North Carolina.

Applications can be submitted at any time. Once they are received with all documentation and payment, the board can review them at their next meeting. Written Exams can be scheduled on an individual or rolling basis and Oral Exams can be incorporated into the following Board meeting. Please refer to the board's homepage for their specific meeting schedule.

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The following is a summary of requirements for certification as a North Carolina Fee-Based Practicing Pastoral Counselor and North Carolina Fee-Based Practicing Pastoral Counseling Associate, as outlined in Article 26, the North Carolina legislature's Fee-Based Practicing Pastoral Counselor Act of 1991. **The Board is eager to support candidates through the certification process, but the Board does not have the authority to change the requirements spelled out by the legislature.**

Requirements for certificate to practice as a **Fee-Based Practicing Pastoral Counselor**:

- At least 21 years of age;
- Of good moral character;
- At least three years of full-time work as a rabbi, priest, minister, or religious leader;
- Ordained, or an equivalent as determined by the applicant's faith group, and endorsed to function as a pastoral counselor;
- Completed a masters of divinity, or its equivalent, from an accredited educational institution;
- Completed a masters or doctoral degree in pastoral counseling, or its equivalent, from an accredited educational institution;
- Completed at least one unit of Clinical Pastoral Education or it's equivalent;
- Provided at least 1375 hours of pastoral counseling;
- Received at least 250 hours of supervision of pastoral counseling (up to 30% of which can be obtained through CPE supervision), supervision to be provided by (1) a North Carolina Fee-Based Practicing Pastoral Counselor, (2) a mental health professional as defined in NC Administrative Code Title 21 Ch. 45 .0801, or (3) a board approved supervisor as defined in NC Administrative Code Title 21 Ch. 45 .0801;
- Passes the Board's examination in pastoral counseling.

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Requirements for certificate to practice as a **Fee-Based Practicing Pastoral Counseling Associate:**

- At least 21 years of age;
- Of good moral character;
- At least three years of full-time work as a rabbi, priest, minister, or religious leader;
- Ordained, or an equivalent as determined by the applicant's faith group, and endorsed to function as a pastoral counselor;
- Completed a masters of divinity, or its equivalent, from an accredited educational institution;
- Completed at least one unit of Clinical Pastoral Education or it's equivalent;
- Provided at least 375 hours of pastoral counseling;
- Received at least 125 hours of supervision of pastoral counseling(up to 30% of which can be obtained through CPE supervision), supervision to be provided by (1) a North Carolina Fee-Based Practicing Pastoral Counselor, (2) a mental health professional as defined in NC Administrative Code Title 21 Ch. 45 .0801, or (3) a board approved supervisor as defined in NC Administrative Code Title 21 Ch. 45 .0801;
- Passes the Board's examination in pastoral counseling.

(Note that the Pastoral Counseling Associate certification does not require the degree in pastoral counseling. In addition, there are less required hours of counseling and supervision. Persons certified at the Associate level are required by law to document ongoing supervision in an annual report to the board.)

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Equivalencies

The Board is allowed to consider requests for equivalencies for the following requirements:

- Masters of Divinity (90-386 a.4.c.; 90-386 b.4.c.);
- Masters in Pastoral Counseling (90-386 a.4.d.);
- One Unit of Full Time CPE (90-386 a.4.d.; 90-386 b.4.h.);
- 3 years of Full Time work as rabbi, priest, minister or religious leader (90-386 a.4.f.; 90-386 b.4.e.);
- Ordained (90-386 a.4.g.; 90-386 b.4.f.);
- Supervisor (21 NCAC 45 .0801 (3));

The Board is not allowed to grant equivalencies for:

- The experience requirements (e.g., other ministry experience, while valuable, is not sufficient to meet the standard set by the legislature);

Candidates who wish to make a case for equivalencies should put that request in writing to the Board through the Equivalency Form on the website. The Board shall respond per NC Administrative Code Title 21 Ch. 45 .0601.

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INSTRUCTIONS:

1. Print or type all information on the application for certification and documentation for certification forms.
2. **Transcripts**--Have official transcripts of graduate academic work mailed or emailed from the institution(s) to the above address. Transcripts not received directly from the granting institution(s) will not be accepted.
3. **Endorsements**--Send endorsements from three persons who are able to attest that you are of good moral character and possess suitable qualities of personal maturity and integrity for the conduct of pastoral counseling and psychotherapy. An endorser form is provided. Make copies as needed. Endorsers shall not be supervisors or Board members.
4. **Supervisors' Reports**--Provide a supervisor's report from each of your clinical supervisors. A supervisor's report form is provided.
5. **Ecclesiastical Verification**--Have the appropriate official of your denomination or faith group fill out the form provided. The ECCLESIASTICAL VERIFICATION form may be filled out by the pastor of the church which ordained you or by the pastor of your local church or by the Directors of Hospital Chaplaincy and Pastoral Counseling of the Home Mission Board. In additional you must send a copy of your ordination certificate.
6. **Certification of Clinical Pastoral Education**--On the form provided, have the Association for Clinical Pastoral Education verify your completion of one unit of CPE. Address: ACPE, 1549 Clairmont Road, Suite 103, Decatur, GA 30033. Rather than sending the CERTIFICATION OF CLINICAL PASTORAL EDUCATION to ACPE, Acting and Full ACPE Supervisors may simply make a copy of their certificate from ACPE and include that copy with the other documentation materials. If CPE equivalency has been approved, please include documentation and relevant supporting documents/materials.
7. **Equivalency**--Equivalencies shall be considered on a case by case basis. Candidates who wish to make a case for equivalencies should put that request in writing to the Board through the Equivalency Form on the website. The Board shall respond per NC Administrative Code Title 21 Ch. 45 .0601. The onus for documentation of equivalency shall rest entirely with the candidate.
8. Send original of the application for certification form and the documentation for certification form along with check(s) for fees to the Board office.

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(CHECK ONE)

1) ☐ I am seeking certification as a Fee-Based Practicing Pastoral Counselor
(Application Fee: $100.00)

2) ☐ I am seeking certification as a Fee-Based Practicing Pastoral Counseling Associate (Application Fee $100.00)

3) ☐ I am a Certified Fee-Based Practicing Pastoral Counseling Associate seeking Certification as a Fee-Based Practicing Pastoral Counselor
(Application Fee: $100.00)

Application Fee for certification as a Practicing Pastoral Counselor or Pastoral Counseling Associate is **$100**.

Exam Fee for **Fee-Based Practicing Pastoral Counselor** is **$400** and is due at time of the examination.

Exam Fee for **Fee-Based Practicing Pastoral Counseling Associate** is **$250** and is due at time of the examination.

Checks for application fee and exam fee are payable to the **N.C. State Board of F.B.P.P.C.**

_____Application Fee Enclosed Check Number _____ Date _____
(Amount)

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PLEASE PRINT OR TYPE

Name: _____
Last First Middle

Office Address _____

_____ Phone ( ) _____

Home Address _____

_____ Phone ( ) _____

Preferred Mailing Address: Office ☐ Home ☐

E-Mail Address: _____

Telephone: Office: _____ Home: _____

Date of Birth _____ Social Security # _____

_____ Sex _____
Other names you have been known by (include maiden name)

_____
How you wish your name to appear on the certificate
(Degrees will not appear on the certificate)

Do you have any military training? Yes ☐ No ☐

Are you a military spouse? Yes ☐ No ☐

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EDUCATION

List all degrees and certificates from recognized educational institutions beginning with the most recent degree. Transcripts should be requested and sent directly to the Board's office from the granting institution.

Name of Institution	Course of Study	Degree	Date of Graduation

List continuing education training, workshops, and seminars attended in the last three years in the area of pastoral counseling and pastoral psychotherapy (use additional page marked "I.D.-continued" if necessary).

Training or Workshops	No. of Hours	Place	Date	Sponsor or Instructor

Indicate significant books, journals, etc. which you have been reading over the last three years.

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PROFESSIONAL EMPLOYMENT IN MINISTRY

Beginning with your most recent employment, list the churches, synagogues, agencies, organizations, or practices in which you have actively engaged in ministry (use additional Page marked "II.—continued" if necessary).

Name of Agency	Address of Agency	Dates of Employment (From/To)	Immediate Supervisor	Best Contact Information for Supervisor

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CLINICAL EXPERIENCE AND SUPERVISION IN PASTORAL COUNSELING AND PSYCHOTHERAPY

The 250 hours of supervision required for certification as a Fee-Based Practicing Pastoral Counselor and the 125 hours of supervision required for certification as a Fee-Based Pastoral Counseling Associate must be documented as provided by a North Carolina Fee-Based Practicing Pastoral Counselor, a mental health professional as defined in NC Administrative Code Title 21 Ch. 45 .0801, or a board approved supervisor as defined in NC Administrative Code Title 21 Ch. 45 .0801. Up to 30% of the total required hours may be obtained through Clinical Pastoral Education.

1. Total hours of pastoral counseling and psychotherapy provided by you: _____

2. Of the total hours reported above, how many were acquired while receiving clinical supervision? _____

3. How many total hours of supervision have you received? _____

_____ One-to-One

_____ Group

	Hours	Supervisor(s)
Supervision of In-depth Psychotherapy		
Supervision of a Variety of Cases		
Supervision of Couples Therapy		
Supervision of Family Therapy		
Supervision of Group Therapy		
Supervision during CPE		

List the names, degrees, disciplines, and addresses of the individuals to whom you have sent supervision reports (see form: SUPERVISOR'S REPORT).

Supervisor's Name	Degree	Discipline	Address

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INDIVIDUAL PSYCHOTHERAPY EXPERIENCE

List below the number of sessions you have spent in personal psychotherapy (individual, couple, family and/or group) and with whom (include therapist's degree and discipline).

	Hours	Therapist Name	Therapist Degree and Discipline
Individual			
Couple			
Family			
Group			

ECCLESIASTICAL VERIFICATION

Provide the name and address of the church official whom you asked to complete the ECCLESIASTICAL VERIFICATION form.

_____

ENDORSEMENTS FOR AFFIRMATION OF APPLICANT'S MORAL CHARACTER

List the names and addresses of the three people whom you have asked to complete the ENDORSEMENT FOR AFFIRMATION OF MORAL CHARACTER form:

Endorser's Name	Address

CLINICAL PASTORAL EDUCATION

At what location did you receive your unit of Clinical Pastoral Education?

_____

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ETHICAL CONSIDERATIONS

Have you ever been convicted of a crime or pled nolo contendere for any criminal offense? (You need not include minor traffic violations).

Yes ☐ No ☐

Do you now have, or have you ever had a malpractice suit brought against you?

Yes ☐ No ☐

Have you ever had a professional license, registration, or certification refused, revoked, or suspended?

Yes ☐ No ☐

Have you ever been censured by a professional organization or had membership in a professional organization revoked?

Yes ☐ No ☐

If the answer is yes to any of the above, give full details on additional pages marked "VI.-continued."

Please sign below if you agree with the following;
I affirm that the information I am submitting is true and correct to the best of my knowledge and belief.
I authorize the Board to communicate with any person or entity in connection with this or any subsequent application filed with the Board.
I have not suppressed information that might affect this application such as arrests, convictions, disciplinary actions.
I declare and affirm that the statements made in this application are true, complete and correct.
I understand that giving the Board false information of any kind may result in the voiding of this application and denial of licensure.
I understand that the fee submitted with this application is not refundable.
I intend to take the next scheduled written and oral examination.

Applicant's Full Name: _____
(Please Print or Type)

Signature: _____

Date: _____

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Public Notice Statement

required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31,2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96- 1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105- 163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919)715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. *[N.C. Gen. Stat. § 143-762(5)]*

By signing below I certify that I have read the Public Notice Statement above and that I understand it. Please choose one: I have not been investigated ____ / I have been investigated ____ for employee misclassification and have attached the results of the investigation to this application / renewal.

Signature: _____

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ENDORSEMENT FOR AFFIRMATION OF MORAL CHARACTER

I herby endorse the application of _____

for certification as a North Carolina Certified Fee-Based Practicing Pastoral Counselor or Pastoral Counseling Associate. This endorsement expresses my judgment that the applicant is of good moral character, and possesses suitable qualities of personal maturity and integrity for the conduct of pastoral counseling and psychotherapy.

_____
Print Name

_____ _____
Signature Date

*Endorsers shall not be supervisors or Board members

(Form may be duplicated if needed)

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SUPERVISOR'S REPORT

SUPERVISEE: _____ SUPERVISOR: _____
(Print/type name of applicant) (Print/type supervisor's name)

This is to certify that the above-named individual has successfully completed supervised clinical training in pastoral counseling and psychotherapy during the period _____ to _____ as follows:

1. Total hours of pastoral counseling and psychotherapy provided by the supervisee under my supervision: _____

2. Total hours of supervision of this pastoral psychotherapy completed with me: _____
   a. Total hours of individual supervision of this work: _____
   b. Total hours of group supervision of this work: _____

Please check all that apply:

☐ I am a North Carolina Certified Fee-Based Practicing Pastoral Counselor.

☐ I am a North Carolina Licensed Clinical Mental Health Counselor (LCMHC).

☐ I am a North Carolina Licensed Clinical Mental Health Counselor Supervisor (LCMHCS).

☐ I am a North Carolina Licensed Marriage and Family Therapist (LMFT).

☐ I am a North Carolina Licensed Clinical Social Worker (LCSW).

☐ I am a North Carolina Licensed Psychologist.

☐ I am a North Carolina Licensed Medical Doctor with a Medical Board certification in psychiatry.

☐ I am a North Carolina Psychiatric Nurse Practitioner.

☐ I am an individual with equal or greater clinical qualifications to one of these professionals that is approved by the Board through written equivalency. (Please include a copy of the written equivalency approval.)

_____
Supervisor's Signature

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ECCLESIASTICAL VERIFICATION

_____
Applicant's Denomination or Faith Group

_____
Name of Verifying Official

_____
Title of Verifying Official

Address and Telephone Number of Verifying Official _____

_____

This is to verify that _____

1. is currently an ordained minister as defined by the IRS code (see below);
2. is currently considered in good standing as a rabbi, priest, minister or religious leader by my denomination or faith group;
3. is currently not called or elected to serve on a full-time basis in a pastorate;
4. is currently endorsed by my denomination or faith group to function as a fee-based pastoral counselor; and
5. has completed three years of full-time service as a rabbi, priest, minister or religious leader (or the equivalent).

_____ _____
Signature of Verifying Official Date

Please return this form to: N.C. Board of Fee-Based Practicing Pastoral Counselors

MINISTERS

Ministers are individual who are duly ordained, commissioned, or licensed by a religious body constituting a church or church denomination. They are given the authority to conduct religious worship, perform sacerdotal functions, and administer ordinances or sacraments according to the prescribed tenets and practices of that church or denomination.

If a church or denomination ordains some ministers and licenses or commissions other, anyone licensed or commissioned must be able to perform substantially all the religious functions of an ordained minister to be treated as a ministry for social security purposes.

(from Publication 517 "Social Security for Members of the Clergy and Religious Workers")

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CERTIFICATION OF CLINICAL PASTORAL EDUCATION

This is to certify that _____

has satisfactorily completed one unit (one full-time quarter) of clinical pastoral education in a program accredited by The Association of Clinical Pastoral Education on _____.

_____
Executive Director, ACPE (Print Name)

_____ _____
Signature Date

Please return this form to: N.C. Board of Fee-Based Practicing Pastoral Counselors

(Form may be duplicated if needed)